



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

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 BUS SVCS DIV

2017 MAY -1 AM 9:01

## Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

⇒ Filing Fee: \$20.00

*No Fee*

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:

1. Entity ID Number <i>001065973</i>		2. Exact Name of the Limited Liability Company <i>Oblique Studio LLC</i>	
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Street Address <i>39 Wood Street #2</i>			
City/Town <i>Providence</i>		State <b>RHODE ISLAND</b>	Zip <i>02909</i>
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: <i>Michael Larsch</i>			
5. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) <i>37 Almy St. #1</i>			
City/Town <i>Providence</i>		State <b>RHODE ISLAND</b>	Zip <i>02909</i>
6. The name of the <b>NEW</b> resident agent is: <i>Michael Larsen (spelling error)</i>			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 30 days from the day of filing) _____			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct.			
Name of Authorized Person of the Limited Liability Company <i>Michael Larsen</i>			Date <i>5/1/17</i>
Signature of Authorized Person of the Limited Liability Company <i>[Signature]</i> SIGN DOCUMENT HERE			

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

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BY *CU 302560*



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

May 01, 2017 09:01 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

